



BAY AREA
AIR QUALITY
MANAGEMENT
DISTRICT

EMPLOYMENT APPLICATION

Submit to: 939 ELLIS STREET
SAN FRANCISCO, CA 94109
(415) 749 - 4980

For Human Resources Use Only

☐ Application Accepted

☐ Application Rejected

☐ Education

☐ License

☐ Late

☐ Experience

☐ Incomplete

☐ Other

Comments: _____

1. FOR WHAT POSITION ARE YOU APPLYING? (To be considered, you must be specific)

2. NAME

First Middle Last

3. ADDRESS (If address is temporary, please indicate)

Street City State Zip

4. PHONE

(OK to call you at work?)

(OK to leave message?)

Home Office Message

EMAIL (optional)

5. IMMIGRATION REFORM & CONTROL ACT

If hired, can you provide proof of your legal right to work permanently in the United States?

☐ Yes ☐ No

6. If you are under the age of 18, can you submit a work permit after an offer of employment has been made?

☐ Yes ☐ No

7. Have you ever been convicted of a felony?

(If yes, give date, place, and nature of disposition of each offense on separate sheet. If in doubt, state details. Existence of a conviction record does not constitute an automatic bar to employment.)

☐ Yes ☐ No

8. Have you ever been a member of the California Public Employees Retirement System?

☐ Yes ☐ No

9. Are you related to any District employee or Board member? (If yes, give name and relationship)

☐ Yes ☐ No

10. When are you available for work?

NOTE: Some or all positions may require possession of a valid California driver's license. Employees who drive on District business to carry out job-related duties must possess a valid California driver's license for the class of vehicle driven and meet automobile insurability requirements of the District including review of a recent DMV history.

11. EDUCATION

CIRCLE HIGHEST GRADE COMPLETED	NAME OF SCHOOL	LOCATION	GED
1 2 3 4 5 6 7 8 9 10 11 12			<input type="checkbox"/> Yes <input type="checkbox"/> No

COLLEGE, BUSINESS OR TRADE SCHOOLS ATTENDED	From Mo/Yr	To Mo/Yr	Major	Total Units Earned		Degree Received
				Sem	Qtr	

POSTGRADUATE STUDY

12. PROFESSIONAL REFERENCES (Give contact information for persons who are familiar with your qualifications)

NAME	ADDRESS	PHONE
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1.

2.

3.

13. EXPERIENCE		
List present or most recent position first, and go back at least ten years. Include all relevant experience. You may attach additional sheets, if necessary.		
Name and Address of Employer	From Mo/Yr	To Mo/Yr
	# of Hrs. Worked Per Week	
Position Title	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Earnings \$ per
Supervisor's Name/Title	May we contact him/her? <input type="checkbox"/> Now <input type="checkbox"/> Later	Supervisor's Phone
Description of Your Duties		
Reason for Leaving:		
Name and Address of Employer	From Mo/Yr	To Mo/Yr
	# of Hrs. Worked Per Week	
Position Title	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Earnings \$ per
Supervisor's Name/Title	May we contact him/her? <input type="checkbox"/> Now <input type="checkbox"/> Later	Supervisor's Phone
Description of Your Duties		
Reason for Leaving:		
Name and Address of Employer	From Mo/Yr	To Mo/Yr
	# of Hrs. Worked Per Week	
Position Title	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Earnings \$ per
Supervisor's Name/Title	May we contact him/her? <input type="checkbox"/> Now <input type="checkbox"/> Later	Supervisor's Phone
Description of Your Duties		
Reason for Leaving:		
Name and Address of Employer	From Mo/Yr	To Mo/Yr
	# of Hrs. Worked Per Week	
Position Title	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Earnings \$ per
Supervisor's Name/Title	May we contact him/her? <input type="checkbox"/> Now <input type="checkbox"/> Later	Supervisor's Phone
Description of Your Duties		
Reason for Leaving:		
14. I hereby certify that all statements made in this application are true and complete, and I understand that any misstatements or omissions of material facts may subject me to disqualification or dismissal. Further, by signing below, I hereby authorize the Bay Area Air Quality Management District to contact the professional references listed on this application.		
DATE		SIGNATURE (In Full)

BAAQMD EMPLOYMENT QUESTIONNAIRE

THE FOLLOWING INFORMATION WILL BE REMOVED FROM THIS APPLICATION PRIOR TO ITS REVIEW

The information on this form is voluntary and confidential. This information will be separated from your application and will not be used to evaluate an applicant's suitability for a position.

NAME

First Middle Last

SEX ☐ Female ☐ Male

ETHNIC SELF-IDENTIFICATION

- ☐ **White:** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **Black:** All persons having origins in any of the Black racial groups of Africa.
- ☐ **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central American, or other Spanish culture or origin, regardless of race.
- ☐ **Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.
- ☐ **American Indian or Alaska Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Are you a Veteran? ☐ Yes ☐ No

HOW DID YOU FIND OUT ABOUT THIS POSITION?

- ☐ BAAQMD Bulletin Board ☐ BAAQMD Employee ☐ Mailed Notice
- ☐ Website (Please be specific) _____
- ☐ Newspaper (Please be specific) _____
- ☐ Professional Publication (Please be specific) _____
- ☐ Other (Please be specific) _____